IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: KRUER, Thomas R.; THOMPSON, Hugh A.

SERIAL NO.: 10/785,257   ART UNIT: 3752

FILED: February 24, 2004   EXAMINER: Barney, S. E.

TITLE: UNITIZED MAT TO FACILITATE GROWING WOODY PLANTS

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached correspondence comprising:

AMENDMENT "A"

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

on 25-Jul-05.

25-Jul-05
_____
Date

Respectfully submitted,

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Examiner stated that the "fluid-filled container" was not shown in the drawings. Applicant notes that Figure 9 clearly shows the "fluid-filled container" as reference numeral 130. Additionally, an enabling discussion of this feature and the subject matter of Claims 16-17 is included in Paragraphs [0094] to [0095].

Based upon the foregoing analysis, Applicant contends that independent Claim 1 and Claim 21 are now in proper condition for allowance. Additionally, those claims which are dependent upon the independent Claims 1 and 21, namely Claims 2-12, 14-20, and 22-29, should also be in condition for allowance. Reconsideration of the rejections of the claims in the form of the present amended claims and allowance of the claims at an early date is earnestly solicited. Since new claims have been added beyond those originally paid for, the additional claim fees can be charged to Deposit Account 080879. The extension of time fee is enclosed.

Respectfully submitted,

7-25-05
_____
Date

John S. Egbert
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number
10/785257
4819-3

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20=	0
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=	0	OR	XS18=	
X43=	0	OR	X86=	
+145=	0	OR	+290=	
TOTAL	385	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	28	Minus	20	= 8
Independent	2	Minus	3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

1 + 4 (4) 29

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9= 25	200	OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE	200	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.